## **CANDIDATE ADVERTISEMENT AGREEMENT FORM**

See <b>Order</b> for proposed schedule and charges.  Theresa <b>Thibodeau</b>	See <b>Invoice</b> for actual schedule and charges, hereby request station time as follows:									
IDENTIFY CANDIDATE TYPE	ERAL CANDIDATE E OR LOCAL CANDIDATE									
ALL QUESTIONS/BLOCK	KS MUST BE COMPLETED									
Candidate name: Theresa Thibodeau										
Authorized committee:  Nebraskans for Theresa										
Agency requesting time (and contact information):  X N/A										
Candidate's political party: Republican										
Office sought (no acronyms or abbreviations):  Candidate for Governor of nebraska										
Date of election: May 10, 2022	General X Primary									
Treasurer of candidate's authorized committee: Aimee Melton										
The undersigned represents that:  (1) the payment for the broadcast time requested has been furnished by (check one box below):  the candidate listed above who is a legally qualified candidate, or  the authorized committee of the legally qualified candidate listed above;  (2) this station is authorized to announce the time as paid for by such person or entity; and  (3) this station has disclosed its political advertising policies, including applicable classes and rates, discount, promotion and other sales practices.  THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.										
Candidate/Committee/Agency	Station Representative									
Signature: Theresa Thibodeau	Signature: Sunda Loudluth									
Name: Theresa Thibodeau	Name: Samantha Lunkwitz									
Date of Request to Purchase Ad Time: 02/21/2022	Date of Station Agreement to Sell Time:									

Federal Candidate Certification:  The undersigned hereby certifies that the broadcast matter to be aired pursuant to this disclosure either (1) does not refer to an opposing candidate or, if it does, (2) contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast and that the candidate and/or the candidate's authorized committee paid for the broadcast or if radio programming, contains a personal audio statement by the candidate that identifies the candidate, the office being sought and that the candidate has approved the broadcast.													
Candidate/Authorized Committee/Agency													
Signature:													
Name:													
Date:													
TO BE COMPLETED BY STATION ONLY													
Ad submitted to Station? Yes No													
Date ad received: 2 22 20													
Federal candidate certification signed (above):  Yes  No  N/A													
Disposition:													
Accepted Accepted													
Accepted IN PART (e.g., ad copy not yet received to determine sponsor ID)*  Rejected – provide reason (optional):													
Rejected – provide reason (optional).													
*Upload partially accepted form, then promptly upload updated final form when complete.													
Date and nature of follow-ups, if any (e.g., insufficient sponsor ID tag):													
Contract #: 80957 Station Call Letters: KOW-AM Date Received/Requested:													
Est. #:  Station Location:  North Platte  Run Start and End Dates:  2/23/22 - 3/22/22													
Upload order, this form and invoice (or traffic system print-out) or other documents reflecting this transaction to the OPIF or use this space to document schedule of time purchased, when spots actually aired, the rates charged and the classes of time purchased or attach separately. If station will not upload the actual times spots aired until an invoice is generated, the name of a contact person who can provide that information immediately should be placed in the "Terms and Disclosures" folder in the OPIF.													

## **Sales Order**

Stati	on:	KODY-AM												Buyer:										
Cont	Contract Name: Theresa for Governor 2 22 22													Tax Schedule: (No										
Cont	tract#:									8	909	957	. A											
Start											Billing Cycle: Calendar													
Reve	enue Type:		Type: Cash												Comm %: (									
	ertiser:										Makegood Policy: Within Co													
																•						• • • • • • • • • • • • • • • • • • • •	••	
Address: 15418 Weir Street, 274  City: Omaha State: NE																								
				for Gove	2 KW 2 K																			
Com	petitive Cod	le: Po	olitic	al																				
No	DAT		Alt		IES	LEN				DISTF							RATE		TOTALS		PTY			
1	START 2/23/22	3/22/22	wks	START 6:00 AM	10:00 AM	60	M 2	T 2	W 2	_	T 1	F 1	SA	SU	Per Wk	D/W	13.00	SPOTS 32	\$\$ 416.00	<del> </del>	3	_		
		CA ST		78.00 52.00	Mar 22 338.00 364.00																			
$   \sqrt{} $	Print Spot	Prices													TOTALS	SPOTS	3					3:	2	
										GROSS TOTAL \$									0					
										0.0					ADJUST	TED SF								
															ADJUST	ED TO						416.0		
															APPRO\	VE	DECLINE							
															$\bigcirc$		$\bigcirc$	General N	Manager					
															$\bigcirc$		$\bigcirc$	Sales Ma	nager					
															$\bigcirc$				, 02/22/22 @1	2:55PM				
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